

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155191		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/02/2011	
NAME OF PROVIDER OR SUPPLIER  WESTMINSTER HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2210 GREENTREE NORTH CLARKSVILLE, IN47129			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/02/11</p> <p>Facility Number: 000100 Provider Number: 155191 AIM Number: 100266130</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC 16.2. The original building was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. There is no fire separation between the original building and the new Rehabilitation Gym because the original</p>			K0000	<p>RE: ID DTB621Provider Number: 155191 Facility Number: 000100 AIM Number: 100266130 June 22nd, 2011 Kim Rhodes, Director Long Term Care Indiana State Department of Health 2 North Meridian, Section 4-B Indianapolis, In 46204 Dear Ms. Rhodes Please find Forms CMS-2567 with the plan of correction for the deficiencies sited during our recertification and Indiana State Licensure Survey conducted at Westminster Health Care Center on June 2nd, 2011. I can be reached at 812-282-9691 ext 123 if you would have any question or comments regarding the ISDH Survey Report System documents. Sincerely, Floyd Shewmaker Administrator Westminster Health Care Center</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0143 SS=E	<p>building and Rehabilitation Gym are of the same construction type. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. The facility has a capacity of 94 and had a census of 82 in the healthcare portion of the facility at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/09/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following</p> <p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 Based on observation and interview, the facility failed to ensure 1 of 1 oxygen storage rooms was provided with mechanical ventilation. This deficient practice affects 22 residents who reside on</p>			K0143	<p><b>K 143</b> What Corrective action(s) will be accomplished for the residents found to have been affected by the deficient practice: <b>No residents were affected by the exhaust fan not working in</b></p>		07/02/2011

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	the ICF Hall.  Findings include:  Based on observation with the maintenance supervisor on 06/02/11 at 12:10 p.m., the ICF Hall liquid oxygen storage room where eight full liquid oxygen containers were stored had an electric ceiling exhaust fan which was not working. This was verified by the maintenance supervisor at the time of observation.  3.1-19(b)				<b>the oxygen storage room on the ICF hall.</b> How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken: <b>All residents on the ICF hall have the potential to be affected by the deficient practice. The exhaust fan was repaired on day of Survey 6/2/11.</b> What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: <b>Maintenance staff will perform weekly audit of Oxygen storage closet(s) to assure the exhaust fans are working properly to assure adequate ventilation. any noted performance issues will be corrected immediately by maintenance staff.</b> How the corrective action(s) will be monitored to ensure the deficient practice will not recur, ie., what quality assurance program will be put into place; and by what date the systemic changes will be completed. Maintenance Director of designee will report monthly at the Quality Assurance Meeting the results of the weekly audits of the Oxygen storage closet(s) regarding the operation of exhaust fans to assure that the alleged deficient practice does not recur. Any revisions or changes needed will be reviewed by the Quality Assurance		

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K0144 SS=F	<p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators with over 100 horsepower was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observation of the</p>		K0144	<p>Committee, Administrator and Maintenance Director. The completion date is 7/2/11</p> <p><b>K 144</b></p> <p>Whatt Correcttve actto(s) will be accomplished fior tthe residentts fiound tto have been afiectted by tthe deficientt practtce:</p> <p><b>No residentis were afected by tihe lack of a provision for shutting down tihe engine of tihe emergency generatior from a remotie location</b></p> <p>How otther residentts having tthe pottentialt to be afiectted by tthe same deficientt practtce will be identtfied and whatt correcttve acttor(s) will be ttaken</p> <p><b>All residentis have tihe potentialt io be afected by tihe lack of a provision for shutting down tihe engine of tihe emergency generatior from a remotie location A manual shutiof switch tio tihe</b></p>		07/02/2011	

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	<p>emergency generator with the maintenance supervisor on 06/02/11 at 10:20 a.m., the generator set nameplate rating failed to indicate the horsepower rating of the generator set and the generator was not equipped with a remote manual stop switch. Based on an interview with the maintenance supervisor on 06/02/11 at 9:45 a.m., the emergency generator set is a four hundred kilowatt diesel generator and is well over one hundred horsepower.</p> <p>3-1.19(b)</p>				<p><b>emergency generator will be installed at a remote location by 7/2/11. Facility staff will be in-serviced on the location and the operation of the manual shut-off switch for the emergency generator by 7/2/11.</b></p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur</p> <p><b>A manual shut-off switch to the emergency generator will be installed at a remote location from the generator by 7/2/11. Staff will be in-serviced by 7/2/11 regarding the location and operation of the manual shut-off switch to the emergency generator</b></p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place and by what date</p>		

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K0000	<p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/02/11</p> <p>Facility Number: 000100</p>			K0000	<p>the systemic changes will be completed</p> <p>The manual shuttlofi swittch tto the emergency generator will be installed att a remotte locatton by 7/2/11. The manual shuttlofi swittch will be ttested quarterly by maintenance sttafi tto assure proper fiuncttoning off the swittch Any revisions or changes needed will be reviewed by tthe Quality Assurance Committee, Administtrattor and Maintenance Directtor</p> <p>The completton datte is7/2/11</p> <p>RE: ID DTB621Provider Number: 155191 Facility Number: 000100 AIM Number: 100266130 June 22nd, 2011 Kim Rhodes, Director Long Term Care Indiana State Department of Health 2 North Meridian, Section 4-B Indianapolis, In 46204 Dear Ms. Rhodes Please find Forms CMS-2567 with the plan of correction for the deficiencies</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/01/2011

FORM APPROVED

OMB NO. 0938-0391

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	<p>Provider Number: 155191 AIM Number: 100266130</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code Survey, Westminster Health Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of NFPA (National Fire Protection Association) 101, LSC (Life Safety Code) and 410 IAC 16.2. The 2009 Rehabilitation Gym was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This 2009 addition to the one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has the capacity for 99 and had a census of 82 at the time of this survey.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as</p>				<p>sited during our recertification and Indiana State Licensure Survey conducted at Westminster Health Care Center on June 2nd, 2011. I can be reached at 812-282-9691 ext 123 if you would have any question or comments regarding the ISDH Survey Report System documents. Sincerely, Floyd Shewmaker Administrator Westminster Health Care Center</p>		

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K0144 SS=F	<p>evidenced by the following</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators with over 100 horsepower was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level I installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on observation of the</p>			K0144	<p><b>K 144</b></p> <p>Whatt Correcttve atto(s) will be accomplished fior tthe residentts fiound tto have been afiectted by tthe deficientt practtce:</p> <p><b>No residentis were afected by tihe lack of a provision for shutting down tihe engine of tihe emergency generatior from a remotie location</b></p> <p>How otther residentts having tthe pottentialt to be afiectted by tthe same deficientt practtce will be identtfied and whatt correcttve actor(s) will be ttaken</p> <p><b>All residentis have tihe potentialt tio be afected by tihe lack of a provision for shutting down tihe engine of tihe emergency generatior from a remotie location A manual shutiof switch tio tihe emergency generatior will be</b></p>		07/02/2011



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	<p>emergency generator with the maintenance supervisor on 06/02/11 at 10:20 a.m., the generator set nameplate rating failed to indicate the horsepower rating of the generator set and the generator was not equipped with a remote manual stop switch. Based on an interview with the maintenance supervisor on 06/02/11 at 9:45 a.m., the emergency generator set is a four hundred kilowatt diesel generator and is well over one hundred horsepower.</p> <p>3-1.19(b)</p>				<p>instialled ati a remotie location by 7/2/11. Facilitiy stiaf will be in-serviced on tihe location and tihe operation of tihe manual shutiof switch for tihe emergency generator by 7/2/11.</p> <p>Whatt measures will be putt into place or whatt systemic changes will be made tto ensure tthat tthe deficientt practtce does nott recur</p> <p>A manual shutiof switch tio tihe emergency generator will be instialled ati a remotie location from tihe generatior by 7/2/11. Stiaf will be in-serviced by 7/2/11 regarding tihe location and operation of tihe manual shutiof switch tio tihe emergency generatior</p> <p>How tthe correcttve actto(s) will be monittored tto ensure tthe deficientt practtce will nott recur, i.e., whatt qualitty assurance program will be putt into place and by whatt datte tthe systemic changes will be</p>		

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					completed  The manual shuttøfi swittch tto tthe emergency generattor will be insttalled att a remotte locattion by 7/2/11. The manual shuttøfi swittch will be ttestted quarterterly by maintnenance sttafi tto assure proper fiunctttoning off tthe swittch Any revisions or changes needed will be reviewed by tthe Quality Assurance Committee, Administtrattor and Maintnenance Directtor  The completton datte is7/2/11		